

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Warren

Mailing Address 4010 Oleander Drive
Suite 11

City State Zip Code
Wilmington NC 28403-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer
JWB Insurance Group

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 9803626

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Stephen J. Salamon

Mailing Address P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Salamon Agency

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : 9805314

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas R. Wilson

Mailing Address 701 Lamar

City State Zip Code
Wichita Falls TX 76301-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boley Featherston Insurance Agency

Occupation
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : 9805315

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1705.00